

Wild & Wonderful Water Science Fair 2020 Application

| School name: | Date: |
|---|--|
| Teacher's name: | Phone: |
| E-mail: | Cell (optional): |
| Principal's name: | |
| Project Title: | |
| Brief description of project: | |
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| *Limit two groups per class Total number of participants in this group: Please list the first and last names of all students in this group: (please use the back if more room is needed.) | |
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| Would you like a mentor? YES | NO |
| Please send completed applications to: | klancey.m.burford@wv.gov |
| | OR Klancey Burford |
| | WVDEP DWWM WIB 601 57 th Street SE Charleston, WV 25304" |
| | <u> </u> |
| FOR USE BY FAIR OFFICIALS: | |
| Presenters' Names: | & |
| Teacher/Chaperone Name: | Cell Phone: |
| Assigned Number: | |